

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	1		1			
4		3		3		
5		3		3		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15	1		1			
16		2		2		
17	1		1			
18	1		1			
19	1		1			
20		1		1		
21	1		1			
22		1		1		
23	1		1			
24		1		1		
25	1		1			
26	1		1			
27	1		1			
28		5		5		
29	1		1			
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48						
49						
50						
TOTAL IND.	15		15			
TOTAL DEP.	23		28			
TOTAL CLAIMS	38		38			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						